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S. No.

RECORD

PERMANENT

PHYSICIANS should state of OCCUPATION is very Exact statement EXACTLY. stated classified. pe pinoda Properly ACE supplied. be may certificat that It 90 10 on back plain terms, should Instructions of information DEATH in pial See 5 Every item CAUSE OF Important.

3 SEX

TAGE

ARENTS

15

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work

(b) General nature of Industry, business, or establishment in

which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER

OF MOTHER

(State or country) 12 MAIDEN NAME

PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

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(Month)

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1850

(Year)

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STATE OF MARYLAND CERTIFICATE OF DEATH

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	.St.;Ward	a hospit give Its	eath occurred in al or institution, NAME lostead t and oumber.]
MEDICAL	CERTIFICATE	OF DEATH	
E OF DEATH	June (Month)	2 F	, 1914 (Year)
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tributory			*
<i>K</i>	(Doration)	yrs	ds.

H.T. Brade 2., 191. (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 I FROTH OF RESIDENCE (FOR HOSPITAL

OR RECENT RESIDENTS)		ITOTIONS, INAMSIEN	T
At place	In the	ALC: THE RESERVE OF THE PARTY O	
of death yrs mos d: Where was disease contracted,	s. State y	/rs mos	d

If not at place of death?

usual residence

me Kenda	~		July 1
20 MEDERTAKER	10	1/4	ADDRESS

If more blanks are negled, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may he indi-Nevcr return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (fyoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic "Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. . State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from



BINDING FOR ESERV MARGIN

PERMANENT 4 INK-THIS supplied. UNFADING should

SICIANS should OCCUPATION IS PHYSICIANS RECORD classified. properly pe may certificate. that 80 0 back terms. plain instructions Information 2 DEATH See 50 OF Item Important. ш Every

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County. Registered No. Ilf deeth occurred loWard) a hospitel or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED. (Day) (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Day (Month) If LESS than 7 AGE and that death occurred on the date stated above, at f day, hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular, kind of work. (b) General nature of Industry, business, or establishment in (Duration)mos... which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) (Deration 10 NAME OF FATHER S ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs, Where was disease contracted. 14 THE ABOVE IS TRUE TO if not at place of death? Former or usual residence OR REMOVAL OF BURIAL 15 Filed

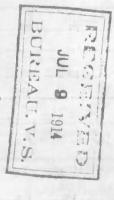
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing deficient with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinology

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No. 30

PHYSICIANS RECORD 0 statement PERMANENT classified. SI 0 shoul -THIS AGE UNFADING INK supplied. pe may that It mi Carefully 80 WITH terms. pino PLAINLY, ATH in plain instructions Information DEATH WRITE

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YSICIANS should OCCUPATION IS

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 7 AGE

8 OCCUPATION (a) Trade, profession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE

(Address)

OF MOTHER

(b) General nature of industry, business, or establishment in



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

..Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

ORDIVORCED (Write the word) marie

(Year)

If LESS than

1 day,....hrs.

5 SINGLE, MARRIED,

mos.

(Month)

which employed (or employer)

WIDOWED,

(Day

MEDICA	L CERTIFICATE	OF DEATH	
6 DATE OF DEATH	2	Q,	/
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	(Month)	(Day	(Year)
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hat I last saw hen	allve on fin	L X/	191 %
and that death occurred	on the date state	ed above, at	15 90
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*State the DISEASE CAUSES, state (1) MI TAL, SUICIDAL, OF HOM	EANS OF INJURY;	and (2) wheth	er Acciden
TAL, SUICIDAL, or HOM	AICIDAL.		
18 LENGTH OF RESIDE	NCE (FOR HOSPITAL	S, INSTITUTIONS	TRANSIENT
OR RECENT RESIDENTS			
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At place of death yrs mo	In the	yrs,	mos d
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At place of death yrs mo Where was disease contracted if not at place of death? Former or osual residence	In the	DATE OF E	URIAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the disease (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has As examples:

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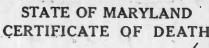
If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUKEAU. V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

5886 1 PLACE OF DEATH

Village or City



29	1 (
Registration	Dist. No. / 80

C+.	Mondy
St.;	YY AFQ I

Ilt death occurred in a hospitel or institution, give its NAME instead

*FULL NAME VEAR Chit	of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Personal Bluck Single, Married, Wisowed, Orbital Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Mount 15, 1914 (Month) (Day) (Year)	that I last saw h & alive on May 10, 1914.
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 5. 30 m. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Frade, prefession, or particular klod of work. (b) General nature of Industry, business, or establishment to which employed (or employer)	1 +y dro ciphalus (Ouration) yrs. 3 mns. ds.
9 BIRTHPLACE (State or country) forfud Co Md	Contributory (Secondary) (Duration) / yrs mes ds. (Signed) , M. D.
11 BIRTHPLACE COFFATHER (State or country) Mary loud 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) May low	18 LENGTH OF RESIDENCE (FOR HOSPITAL'S, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informact, Supplies the second of the	Where was disease contracted, It not et piece of death?
16 Filed June 35 1914 lo laborin	ma Gralia benety pate of Burial 20 UNDESTAKER ADDRESS
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informact (Address)	CAUSES, STATE (1) MEANS OF INJUST; and (2) whether ALL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITAL'S. INSTITUTIONS, THE OF RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. Where was disease contracted, It and at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL May Gradia benety Acres 25

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No.

MARSHAN

[Approved by U. S. Census and American Public Health "Association.]

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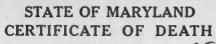
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1 PLACE OF DEATH



Registration Dist. No...

CALL THE STATE OF	des

Village or City Hans NE (N) 100	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Soty, Mu	Atore of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeruale White Single, Marrieo, Widowsh, Willowsh, Willowsh, Willowsh, Willowsh, Willowsh, Wille World)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	Inte 15 1914, to June 17, 1914, that I last saw her allve on June 17, 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	By drocephalas (Buration) Vyrs. V mos. 2 ds.
which employed (or employer) BIRTHPLACE (State or country) Bans Or Grace	Secondary (Duration) yrs mos ds.
10 NAME OF Hillis C. Hulton 11 BIRTHPLACE OF FATHER (State or country) Harford Co med	(Signed) famo 36 Bay M. D. June 18 4, 191 4 (Address) Found By Grace
11 BIRTHPLACE OF FATHER (State or country) Hardow Co, Med 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Characa Meh. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(Address) Hours Dr Grace	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (My get / Hill Cerutery June 18, 191 V
Filed James 1914 James 36 Bay	20 UNDERVAKER ADDRESS ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumouia"); Lobar pneumouia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inantition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; terminal conditions, such as "Asetc. State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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state PHYSICIANS should of OCCUPATION IS RECORD statement EXACTLY. Exact classified. pinous properly supplied. pe may certificate. 80 0 pe back terms, should plain instructions = EATH PE item OF CAUSE OF

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in -Ward) a haspital or lostitution. give its NAME instead of street and comber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) (Year) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year, 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE , 191 . (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death _____ yrs. ___ mos. ___ ds. (State or country) State ____ Where was disease contracted, If not at place of death? Former or usual residence DATE OF BURIAL (Address) 15 REGISTRAR Mg V. S. No. 1. If more blanks are needed, address State Registra,

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who have no occupation whatever, write None. CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an first line will be sufficient, c. g., Farmer or Planter, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesse of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. Never report ample: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion,"



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SICIANS should state occupaTION is very PHYSICIANS jo statement classified. should properly supplied. pe may certificate. that 9 0 be should LO ATH in plain Information EATH See 10 D 9 Every item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. [It death occurred inWard) a hospital or Institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than and that desth occurred on the date stated above, at 4-30 7 AGE 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? mos BOCCUPATION (a) Trade, profession, of particular kind of work. (b) Beneral nature of industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER . 191 4 (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-2 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death yrs. mos. ds. State Where was disease contracted. KNOWLEDGE It not at place et death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address 20 UNDERTAKER DDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," Farmer or Planter, As examples For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoses

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Never report Examples: For vio-



V. S. No. 1.

N.B.

	should state
RECORD	PHYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.
WITH UNFADING INK	unid be carefully supplied. A srms, so that it may be proback of certificate.
WRITE PLAINLY,	Every Item of information should be carefully su GAUSE OF DEATH in plain terms, so that it m. Important. See instructions on back of certificate.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

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900	3	hig-	 ****	AA	di	u	J

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PE	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male	Black Single, Marrieo, Wioowed, Orbivorgeo (Write the word)	16 DATE OF DEATH 25 (Month) (Day (Year)
DATE OF B		I HEREFY CERTIFY, That I attended deceased from 25 1914, to June 25 1914.
	(Month) (Day (Year)	that I last saw h day allve on 1914
alt.	If LESS that 1 day,hrs. or mos, ds. or min.?	and that double occurred on the date stated above, at
8 OCCUPATION (a) Trade, profe	on Labor	Breen neck dur to bring
particular kind (b) General nat		dagged by a mule of
business, or e	stablishment in (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLAC (State or	E O O	Secondary (Possible)
10 NAME FATE	Sedney Hemore	(Signed) J. Charation yrs mos ds.
S 11 BIRTI	TATHER M - /	June 25, 1914. (Address) Jav 7 France med
C 12 MAID	EN NAME POTHER POTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTH OF M	HPLACE OTHER COUNTRY) Harbord Co.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds
4 THE ABOV		Where was disease contracted,
(intormant)-	mu John Hemore	If not at place of death? Former or osual residence.
(Addres	ss) Nouvede trace	PRIACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied Jun	26,1914 Sion Offutas	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesses of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No.

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C	PLACE OF DEATH 5891	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.	
٧	illage or City (No. 1)	St.; Ward) [If death occurred a hospital or institution give its WAME institution of street and number.	ion, ead
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SI	4 COLOR OR RACE MARRIED, WIBOWED, WIBOWED, WIBOWED, WIFTE the word)	16 DATE OF DEATH (Month) (Day) (Year)	<u></u>
6 D	ATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY GERTIFY, That I attended deceased from 191 that I last saw handled attended deceased from 191 that I last saw handled attended deceased from 191 that I last saw handled attended deceased from 191 that I last saw handled attended deceased from 191 that I last saw handled attended deceased from 191 that I last saw handled attended deceased from 191 that I last saw handled attended deceased from 191 that I last saw handled attended deceased from 191 that I last saw handled attended deceased from 191 that I last saw handled attended deceased from 191 that I last saw handled attended deceased from 191 that I last saw handled attended deceased from 191 that I last saw handled attended deceased from 191 that I last saw handled attended deceased from 191 that I last saw handled attended attended deceased from 191 that I last saw handled attended atten	••••
7 _{.A}		and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:	m,
8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)		(Duration) yrs. mos.	ds.
9 BIRTHPLACE (State or country) Many low		Contributory (Secondary)	ds.
PARENTS	11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF 13 NAME OF 14 NAME OF 14 NAME OF 15 NAME OF 16 NAME OF 17 NAME OF 18 NAME OF 18 NAME OF 19 NAME OF 10 NAME OF 10 NAME OF 11 NAME OF 12 NAME OF 13 NAME OF 14 NAME OF 15 NAME OF 16 NAME OF 17 NAME OF 18 NAME OF 1	(Signed) (Signed) (Signed) (Address) (State the DISEABE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, or HOMICIDAL.	0.
	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs mos ds, State yrs, mos (s)	
147	informant)	Where was disease contracted, If not at place of death? Former or usual residence.	
15 Fil	(Address) Lolebrain (18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Lalin Welley Cemetry June 1/20 UNDERTAKER 1 ADDRESS	_
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Association.]

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LENT DEATHS state MEANS OF INJUSY and qualify as childbirth or miscarriage, as "PUEEPEEAL scptichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... -Kart fallure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples: For vio-



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Gounty Carford 5892 William City Carrede Grace (No. 2 Control of the Control of	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, Midow Widowed, Widowed,	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 1014
Female While WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH March /6 (Month) (Day (Year)	(Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from 191 2 to 100 8 191 4, that I last saw how alive on 100 7 191 9
7 AGE 68 yrs 2 mos 29 ds. if LESS than t day,hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trada, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employar)	Duration) 5 yrs mos. ds.
9 BIRTHPLACE (State or country) Cecil Co, Md. 10 NAME OF FATHER Samuel & Clearing Of FATHER OF FATHER	Secondary (Duration) yrs mos ds. (Signed) A Godress) Anne le June
11 BIRTHPLACE OF FATHER (State or country) Carrede Grace 12 Maiden Name OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
(Address) 14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	where was disaase contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL CONGRET FULL CANADAS ADDRESS 20 UNDERTAKER ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, c. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dememonia"); Lobar pheumonia; Bronchopneumonia ("Pueumodia," udqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tctanus) may be stated under the head "Seuile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for For vio-



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Ward) a hospital or institution. give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from OF BIRTH (Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 10 1 dayhrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ---9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE ., 191.56. (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ____ yrs. mos. ds. State yrs, _ (State or country Where was disease contracted. 14 THE ABOVE if not at place of death?. Former or usual residence. race PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a defluite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are cugaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (7)

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal eonditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably "Ilcart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of For vio-



V. S. No. 1.

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YSICIANS should state

village or City & avrede Grace No.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 185-

WHILDER OF City & avrede have (No.	St.; Ward) [It death occurred in a hospital or Institution,
FULL NAME Amie his	give its NAME Instead ot sfreef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Black Single, Married 16 Lemale Black Widower, ORDINORCED (Write the word) 8 DATE OF BIRTH UNROWN	(Month) (Day (Year) THEREBY CERTIFY, That I attended deceased from 1912, to 20, 1914,
7 AGE If LESS than an	and that death occurred on the date stated above, at 5 30 m, me CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Bration) 2 yrs mos ds.
9 BIRTHPLACE (State or country) Harford 10 NAME OF FATHER Charles Jones (S	Secondary Secondary Duration) yrs mos M. D.
of MOTHER Carriet Richards 13 BIRTHPLACE OF MOTHER (State or country) Harborial Ce,	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) f place in the f deafh yrs, mos, ds
(interment) John Files (Address) Carrede Grace RTA	ormer or sual residence. Phace of Burial Or Removat Date of Burial A Company of the Policy of the
Flied Filed	OUNDERTAKER ADDRESS ADDRESS C. 6 E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foremau,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Caninjury, as fracture of skull, and cousequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF MOMICIDAL, Or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coura," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in dctail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 6 1914 BULKEATTAS.

S. No. 1.

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PHYSICIANS should state of OCCUPATION is very RECORD stated EXACTLY. PERMANENT properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS pinous AGE Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. ä

1 PLACE OF DEATH Village or City



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[it death occurred in a hospital or institution, give its NAME instead ot street and number.]

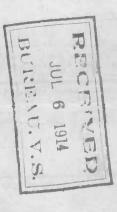
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE SINGLE. MARRIED. Manied Widowed, Manied	18 DATE OF DEATH Jme 4 , 1914	
Him ale While (Write the word)	(Month) (Day) (Year)	
8 DATE OF BIRTH	, 191 to	
(Month) (Day) (Year)	that I last saw halive on, 191	
7 AGE it LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at	
8 OCCUPATION (a) Trade, profession, or particular kind of work // Ousewife	(no lequete desease)	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.	
9 BIRTHPLACE (State or country) Ann any	Contributory (Secondary) (Duration) yrs mos ds.	
10 NAME OF FATHER MAKNOM	(Signed) Set Dulaney, M. D.	
11 BIRTHPLACE OF FATHER (State or country) Sumany	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT	
12 MAIDEN NAME OF MOTHER UNKNOWN	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
13 BIRTHPLACE OF MOTHER (State or country) Lesmany	At place in the of death yrs, mos, ds. State yrs, mos, ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?	
(Intermant) Gerry man and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
16 Jun 5- 1914 Seon Blockad	Sutheran Cemeley Janu 7, 1914. 20 UNDERTAKER ADDRESS SUMMAN	
If more blanks are needed address State Pauls trey & D. Prentille St. Delte Bernett W. C. V.		

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('nai "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not statement. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." As examples:

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head sucb, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Tuerperal scottchae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness, "Hart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencia injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial arphritis nant neoplasms); Measles; Whooping cough; Chrowin er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ "Contributory." Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 State cause for Examples: For vio-



F. S. No. 1.

RECORD	PHYSICIANS should state
WRITE PLAINLY, WITH UNFADING INA-IHIS IS A PERMANENT RECORD	N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

5896		
PLACE OF DEATH	STATE OF MARYLAND	
1. Harry	CERTIFICATE OF DEATH	
County	Registration Dist. No. 18/	
Village or Gity Carsins (No,	St.; Ward) [If death occurred to a hospital or institution,	
* FULL NAME Clarice mo	give its MAME lostead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jewale Thite ORDIVORCED (Write the word)	16 DATE OF DEATH LUNE 22, 1914 (Month) (Day) (Year)	
6 DATE OF BIRTH ORL. 5' .9/3	17 I HEREBY CERTIFY, That I attended deceased from	
(Month) (Day) (Year)	that I last saw her allve on June 20 ,1914	
⁷ AGE If LESS than	and that death occurred on the date stated above, at A m.	
/ yrs. 8 mas. /7 ds. ormlg.?	The CAUSE OF DEATH * was as follows:	
BOCCUPATION	Spual Thuringthis	
(a) Frade, profession, or particular kind of work		
(b) General nature of industry,		
business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) Carsing Mo	(Secondary)	
10 NAME OF FATHER OF A MOSSICIA	(Signed) (Deration) yrs mos. ds.	
on 11 BIRTHPLACE	June 27 1914 (Address) Absolution mo	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
a Clara O. Manan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
13 BIRTHPLACE OF MOTHER (State or country) State or country)	At place in the ot death yrs, mos, ds, State yrs, mos, ds,	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?	
(Informant) Cracky & Margan	Former or usual residence	
(Address) Charles mid (RD)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
Filed June 22, 191 4 Orion Medistran	20 UNDERTAKER ADDRESS	
	ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	
7 5. 40. 1.		

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc.. Carcinosis of lungs, meninges, perifonaeum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrosio zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of "Contributory." which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; Examples:

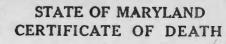


V. S. No. 1.

RECORD PERMANENT UNFADING INK-THIS WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very properly classified. Exact statement stated EXACTLY. AGE should be carefully supplied. that it may be See instructions on back of certificate, Every item of information should be CAUSE OF DEATH in plain terms, s Important. N. B.-

1 PLACE OF DEATH



Registration Dist. No

Vil	2FULL NAME Not Name	St.; Ward) Reco St.; Ward) a hospital or iostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 g	may Block Single, Durigh windwed, windwed, ordiverced (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	(Month) (Day (Year)	that I last saw her alive on June 26, 1914.
7 A	GE It LESS than t day, 4. hrs. OR	and that death occurred on the date stated above, at
(a pa (b) bus whi	CCUPATION) Trade, profession, or pricipal residual resi	(Duration) yrs. mos. ds. Contributory Secondary
	10 NAME OF FATHER THAT KNOW	(Signed) (Sugned) (Su
PARENTS	11 BIRTHPLACE OF FATHER (State or eountry) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) From At Finel 14 Control 15 BIRTHPLACE OF MOTHER (State or country) From At Finel	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT REPUBENTS) At place in the in the office of the control of the con
	(Informant) Look of Lo	Where was disease contracted, If not at place of death? Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL Afameo Cemelery MAY 277, 191 Y.
Filed More / 5, 1914 James 16 Day		ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Semile," etc.), "Dropsy," "Exhaustion," thenla," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name orlgin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Measles (disease causing death). 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



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County PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE DATE OF BIRTH (Month)

Wedne

(Year)

If LESS than

1 day,....hrs

OR 7

KNOWLEDGE

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

5 SINGLE, MARRIED.

WIDOWED,

ORDIVORCED (Write the word)

(Day

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	St.;Ward)	[It death occurred in a hospital or institution, give its NAME Instead of street and nomber.]
· · · · · · · · · · · · · · · · · · ·	CAL CERTIFICATE OF	DEATH
16 DATE OF DEATH	Jani 1	(Day (Year)
17 g x June /		(Day (Year) ttended deceased from
1 7	allve on the al	un dal [9]
The CAUSE OF DEAT		
had been	operated	
a year along	(Ouration) Lux	vrs. mas de
Contributory Secondary		# # # # # # # # # # # # # # # # # # #
(4.8.00)	ellean f. A	yrs mos ds
*State the Diseas Causes, state (1) TAL, SUICIDAL, or H	SE CAUSING DEATH, OF, IN MEANS OF INJURY; and IOMICIDAL.	n deaths from Violent (2) whether Acciden
18 LENGTH OF RESIDEN At place of death yrs Where was disease contrac	DENCE (FOR HOSPITALS, IN TS) In the Mos ds. State	ATITUTIONS, TRANSIENTS
it not at place of death? Former or usual residence		
La Jan Lion	on REMOVAL	une /7, 181 6
20 UN DERTAKER	1 //4	DDRESS A

ADDRESS

(SICIANS should state occuPATION is very PHYSICIANS RECORD 5 classified. Exact statement PERMANENT EXACTLY. stated 4 pinoy THIS properly UNFADING INK supplied. pe may certificate. Carefully that 80 6 PLAINLY, WITH pe See Instructions on back DEATH in plain terms. pinous of Information WRITE 0 Important. Every It

TAGE

ARENTS

15

Filed.

GOCCUPATION

(a) Trade, protession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

of father (State or country)

13 BIRTHPLACE OF MOTHER (State or country)

12 MAIDEN NAME OF MOTHER

(b) General nature of indostry, business, or establishment in

which employed (or employer)

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. should be taken to report specifically the occupations essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Namé, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. .The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerveral septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



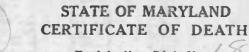
S. No. 1.

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CCCUPATION is very Important. See instructions on back of certificate.

RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH County.



Registration Dist. No.

-Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 D/	MATE OF BIRTH June 20 , 141.9. (Mouth) (Day (Year)	
7 A C	Still born If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) pai (b)	CCUPATION) Trade, profession, or rticular kind of work	
Whi 9 B	ch employed (or employer) RTHPLACE (State or country)	Contributory Secondary
PARENTS	11 BIRTHPLACE OF FATHER OF FATHER (State or country) 12 BIRTHPLACE OF FATHER (State or country)	(Signed) Story (Address) State the DISEASE CAUSING DEATH, or, in deaths from Violent
	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 12 Maiden L. Mandain Number Mich	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sadie Schafeld		Where was disease contracted, If not at place of death?————————————————————————————————————
16 File	(Address) alverden Mh ed Ott 5 1914 Olfflishael REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Paurist by a June 20, 1914 20 UNDERTAKER Member of the Address
	If more blanks are needed, address State Regist	rar. 6 E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> oma, Sarcoma, etc., of......... (name origin; "Can-eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaecte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Meusles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; may be stated under the head of (Recommendations on statement of The nature of the Never report

tions answered in tence. All the data the certificate to permanently filed. If this certificate is looked over thoroughly and all ques-ons answered to tetail, it will prevent further correspond-

V. S. No. 1.

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD UNFADING INK-THIS IS A PERMANENT WRITE PLAINLY, WITH 8.

County Harford

Williams City Harrede Grace (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Martha a i	John give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fee While (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	HEREBY CERTIFY, That I attended deceased from 1914, to full 3, 1914, That I last saw here alive on full 1, 1914
7 AGE Cold 58 yrs mos ds or min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Serile Debilile
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Buration) yrs. /2 mos. ds.
State or country) Harford Co, Md.	(Secondary) (Duration) yrs mos ds
NAME OF SUWARD REMINED 11 BIRTHPLACE (State or country) Orcland	Jude 14, 191 4. (Address) DLaver de Grace
12 MAIDEN NAME Clice a Mulhu	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Harford C. Ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds
(Informant) Milliam M. John	Where was disease contracted, If not at place of death? Former or usual residence
Address) Have de Frace Rine	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MTerm Cinetics June 16, 191
Filed June 15 , 1914 Sion Alles	20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Registrar, 6	Franklin St., Balto., Requesting V. S No. 1.

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) childbirth or miscarriage, as "Puerperal septichaecause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is iess definite; avoid use of "Tumor" for malig mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples:



V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.



5900

1 PLACE OF DEATH
County Hoarford

STATE OF MARYLAND CERTIFICATE OF DEATH

181

Have de Grace (No	Registration Dist. No. [If death occurred in
FULL NAME Emma E.	Mard) St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Female White Single, Married Widower, Widower, Widower, Widower, With the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
9 DATE OF BIRTH June 4, 1871 (Month) (Day (Year)	that I last saw h & alive on June 26, 1914
7 AGE 42 yrs mos 28 ds 1f LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 9 9 mm, The CAUSE OF DEATH* was as follows: Submonaus Releasedous
(a) Trada, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which constants.	(Duration) 2 yrs mos ds
**BIRTHPLACE (State or country) Ceil C., 10 NAME OF FATHER VANUE XI DINAME	Contributory Secondary (Boration) (Signed) (Signed) (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Guil Cu,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the ot deathyrs mos ds Where was disease contracted.
(Informant) Rone Ward (Informant) Howe de Prace	If not at place of death?————————————————————————————————————
Filed James 2919114 J. W. Boy. REGISTRAR	Joundant Country June 29, 191 X 30 UNDERTAKEN Coul Co ADDRESS A Promise Tyllor & delica
11 more blanks are needed, address State Regis	war, 6 E. Franklin St., Balto., Rouesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Nevcr return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, perilonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acciby eurbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PHYSICIANS should of OCCUPATION IS RECORD statement FNT RMAN Exact classified. pe pinous properly supplied. pe ADING may certificate. UNF that 20 of back terms, pinous 00 plain Instructions information _ EATH WRITE See of 0 OF Every Item CAUSE OF Important.

Very

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St: Ward) a hospital or Institution, give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED, & (Month) (Dav) (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw hall alive on to (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at / t day hrs. OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory. ⁹BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE .. 191 66. (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country in the of death _____ yrs. ___ mos. ___ ds. State yrs, ___ mos. ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF KNOWLEDGE If not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V.S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the .Never return "Laborer," For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpreal septichae-"Heart fallure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senlle," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples: For viods.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECTIVED
JUL 9 1914
BUREAU.V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

	5902	
1	1 PLACE OF DEATH	STATE OF MARYLAND
V c	ounty Hartval.	CERTIFICATE OF DEATH
		Registered No. 1821
v	illage or City / flaville (No	St; Ward) [It death occorred is a hospital or institution, give its NAME lostead
	FULL NAME Many June Wi	lson of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 31	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, MOOWED, MOOWED, OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH	mar. 1, 1914, to Jane 14, 1914,
	(Month) (Day) (Year)	that I isst ssw helm slive on Jen 14 ,1914
TA	GE It LESS than f day,hrs.	and that death occurred on the date stated above, at 1034 0m,
	67 yrs. / 0 mos, 20 ds. OR min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION Trade, protession, or	of the Theres.
pai	rticular kind of work Thuse CV 15	The state of the s
bus	General nature of industry, iness, or establishment in	(Duration) / yrs. 4 mos. 65
-	ch employed (or employer)	Contributory Exacustion + Stanston
(S	RTHPLACE (ate or country)	becaun could not Ruellow up food.
	10 NAME OF PATHER	(Signed) Thanks Whamour M. O.
S	James III. Oalster	
ENT	11 BIRTHPLACE OF FATHER (State or (country)	*State the Dismass Causing Death, or, in deaths from Violent
PARE	12 MAIDEN NAME OF MOTHER AND A COLO	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	Interment, Samuel Wilson So	It not at place of death?————————————————————————————————————
	(Address) Inlequille Ind	19 PLACE OF BUBIAL OR REMOVAL DATE OF BURIAL
16	(Madioon)	Highland County June 17, 1914
FIR	ed Juse 16 191 4	20 UNDERTAKER ADDRESS
	Jas le m natt REGISTRAR	Newstold DEllato
	If more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerral septichacetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Never report Examples:

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in ...Ward) a hospital or Institution. give its NAME Instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOROR BACE 5 SINGLE. MARRIEO. WIDOWED, (Month) (Write the word) CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Year) (Dav TAGE It LESS than and that death occurred on the date stated above, at t day hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry business, or establishment in which employed (or employer) Contributory Secondary (State or country) 10 NAME OF PARENTS 11 BIRTHPLACE 191 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ... Where was disease contracted. It not at place of death?... Former or usual residence DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as it should be used only when needed. As examples: Statement of occupation-Precise statement of occupais very important, so that the relative healthful-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puenperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; For VIO-

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V. S. No. 1.

RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

5904 1 PLACE OF DEATH County Carford



STATE OF MARYLAND CERTIFICATE OF DEATH

	2 10	Registration Dist. No.
Vill	Post of City Harrede France (No. 1906)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	ex 4 color or race 5 single, married, married, married, more will will word, with the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
	ATE OF BIRTH April 2/ (Month) (Day (Year)	
7 A C	35 yrs mos 5 ds OR min.?	and that death occurred on the date stated above, at
(a) par (b) bus	Trade, profession, or flower wife General nature of industry, iness, or establishment in	By Revolver shop in the Head (Duration) yrs mos. ds.
-	ch employed (or employer) RTHPLACE (State or country) Somenet Cond	Gentributory Secondary (Duration) yrs mos ds
TS	10 NAME OF James Brittingham	(Signed) Joseph Hamburges Coroner, 191 (Address) Have de Grace Mid.
PAREN	OF FATHER (State or country) Amuset Co Md 12 Maiden Name Manager of Surday	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) America Connection	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds
	(Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
15 Fil	ed June 8, 1914 Dron Michael REGISTRAR	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL AUGENTALES 20 UNDERTAKER T ADDRESS ADDRESS
		ar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerpenal peritonitis," childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Contributory." The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (discase causing death), 29 ds.; etc. State cause for For vio-

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JUL 6 1914
DUTHENT V.S.

S. No. 1.

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RECORD	PHYSICIANS should state
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Harford	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 183
Village or City White Hall (No. 2 FULL NAME Richard Wr	St.; Ward) [It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Sangle, Married Whose Of BIRTH October 1841	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY GERTIFY, That I attended deceased from 20, 1914, to 1914,
(Month) (Day) (Year) 7 AGE it LESS than 1 day,hrs. 7 2 yrs. 8 mos. ds. ORmin.?	and that death occurred on the date stated above, at 5.30 % m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) White Hall, Md.	(Buration) — yrs. — mos. 9 ds Contributory (Secondary)
11 BIRTHPLACE OF FATHER Calet Mright 11 BIRTHPLACE OF FATHER (State or country) White Hall Ma 12 MAIDEN NAME OF MOTHER NAME OF MOTHER NAME OF MOTHER NAME OF MOTHER	(Signed) Multar Study Mos. ds. (Signed) Multar Study Mos. ds. (Signed) Multar Study Mos. ds. *State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) White Hall, Md. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant). Leslie F. Wright (Address). White Hall, Md. 15 Filegline 19. 1914 Denlips	At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, it not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Ly Brash Caula 20, 191 (20 UNDERTAKER) ADDRESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement Civil engineer, Stationary freman, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or indust, i; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Farmer or Planter, As examples: But in many For persons "Foreman,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of dcath approved by Committee on Nomencla "Contributory." schsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreman scotichaemus," "Old Age," "Shock," 'Traemia," "Weakness," dent; Revolver wound of head-homicide; Polsoned LENT DEATHS STATE MEANS OF INJURY AND QUALITY AS ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can State cause for death), 29 ds. Examples:

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JUL 7 1914